



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** South Florida Permaculture Resource Center

2. **Senate Sponsor:** Daphne Campbell

3. **Date of Submission:** 12/02/2017

4. **Project/Program Description:**

An Agro-forestry project for conservation of Eco System producing natural fruit trees for disadvantage communities

5. **State Agency Contacted?** No

a. If yes, which state agency?

b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested?

Department of Environmental Protection

6. **Amount of Non-recurring Requested for fiscal year 2018-19:**

Amount Requested for Operations	Amount Requested for Fixed Capital Outlay	Total Amount of Requested State Funds
345,000	100,000	445,000

7. **Type, amount and percent of matching funds available for this project for fiscal year 2018-19:**

Type	Amount	Percent
Federal	0	0.0%
State (excluding the amount of this request)	0	0.0%
Local	0	0.0%
Other	0	0.0%
TOTAL	0	0.0 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 445,000

9. **Previous Year Funding Details:**

a. Has funding been provided in a previous state budget for this activity? No

b. In the previous 5 fiscal years, how many years was funding provided? (Optional)

c. What is the most recent fiscal year the project was funded?

d. Were the funds provided in the most recent fiscal year subsequently vetoed?

e. Complete the following Worksheet.



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FY:	Input Prior FY Appropriation for this project for FY 2017-18 (If appropriated in FY 2017-18 enter the appropriated amount, even if vetoed.)		
Column:	A	B	C
Funds Description:	Prior Year Recurring Funds *	Prior Year Nonrecurring Funds *	Total Funds Appropriated (Column A + Column B)
Input Amounts:			

10. Is future-year funding likely to be requested?

Yes

a. If yes, indicate non-recurring amount per year.

100,000

11. Program Performance:

a. What is the specific purpose or goal that will be achieved by the funds requested?

Completion of existing SFPRC facility

b. What are the activities and services that will be provided to meet the intended purpose of these funds?

On hand education on permaculture, Agro forestry

c. How will the funds be expended?

Spending Category	Description	Amount
Administrative Costs		
<input checked="" type="checkbox"/> Executive Director/Project Head Salary and Benefits	Director, to complete project & duplicate	75,000
<input checked="" type="checkbox"/> Other Salary and Benefits	Instructor & Assistant	80,000
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	Lawn & Maintenance Equipment Truck & Vehicle	140,000
<input checked="" type="checkbox"/> Consultants/Contracted Services/Study	Instruction Students for Society	50,000
Operational Costs		



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<input type="checkbox"/> Salary and Benefits		
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation		
<input checked="" type="checkbox"/> Construction/Renovation/Land/Planning Engineering	Design & renovation of building	100,000
TOTAL		445,000

d. What are the direct services to be provided to citizens by the appropriations project?

Education on permaculture- Agroforestry

e. Who is the target population served by this project? How many individuals are expected to be served?

Immediately Community

f. What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be measured?

Conservation and food in its natural environment measured by production and preservation

g. What are the suggested penalties that the contracting agency may consider in addition to its standard penalties for failing to meet deliverables or performance measures provided for in the contract?

Production

12. The owner(s) of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owner(s) of the facility and the entity.

Entity leases land long term, owner receives capital improvement

13. Requestor Contact Information:

- a. **Name:** George Soria
- b. **Organization:** SFPRC/47 Million Reasons Healthcare Movement
- c. **Email:** GLS@47mr.org
- d. **Phone Number:** (561)703-5087

14. Recipient Contact Information:

- a. **Organization:** SFPRC/47 Million Reasons Healthcare Movement
- b. **County:** Palm Beach
- c. **Organization Type:**
 - For Profit
 - Non Profit 501(c) (3)



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- Non Profit 501(c) (4)
- Local Entity
- University or College
- Other (Please specify)

d. Contact Name: George Soria

e. E-mail Address: GLS@47mr.org

f. Phone Number: (561)703-5087

15. If there is a registered lobbyist, fill out the lobbyist information below.

a. Name: None

b. Firm: None

c. Email:

d. Phone Number:

16. Have you applied for alternative state funding?

- Wastewater Revolving Loan
- Drinking Water Revolving Loan
- Small Community Wastewater Treatment Grant
- Other (Please describe)
- N/A

17. What is the population economic status?

- Financially Disadvantaged Community (ch. 62-552, F.A.C)
- Financially Disadvantaged Municipality (ch. 62-552, F.A.C)
- Rural Area of Economic Concern
- Rural Area of Opportunity (s. 288-0656, Florida Statutes)
- N/A

18. What is the status of construction?

Pre-Renovation

19. What percentage of construction has been completed?

0

20. What is the estimated completion date of construction?

July 2018